

**2011 ANNUAL CAPITAL
EXPENDITURES SURVEY**

This questionnaire collects capital expenditures information from nonfarm businesses including but not limited to:

- Small employer companies
- Self employed persons
- Independent salespersons (e.g., cosmetic representatives)
- Independent commission workers (e.g., real estate and life insurance salespersons)
- Independent contractors (truckers, private duty nurses, construction contractors)
- Doctors, lawyers, investors, accountants

Even if this questionnaire was mailed to your home address and the business is not located at this address, the form is applicable and must be completed.

(Please correct any errors in name, address, and ZIP Code.)

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears at the top of this page.

Electronic Reporting

To complete this survey online go to: econhelp.census.gov/acesict
Click on "**Centurion**" and use your Username and Password to login.

Username:**Password:****PLEASE REFER TO THE ENCLOSED INSTRUCTIONS AND DEFINITIONS PAGE
BEFORE COMPLETING THIS SURVEY.****ITEM 1 Report the following capital expenditures data for the entire business. Report dollar values rounded to thousands. Exclude land.**

Report capital expenditures your business made during the 2011 reporting period. **If your business did not make any capital expenditures enter "0" on the appropriate line(s).**

**Example: If figure
is \$2,600.00 report** →

Mil.	Thou.
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

a. Total Capital Expenditures
(The sum of lines b, c, d, and e should equal the value reported in line a.)

Capital
Expenditures
for 2011

Mil.	Thou.
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<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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b. New Structures (Include major additions, alterations, and capitalized repairs to existing structures)

201

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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c. Used Structures

211

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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d. New Equipment

202

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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e. Used Equipment

212

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**ITEM 2 Report the following capital lease data for the entire business.
Report in thousands of dollars.**

Report the estimated cost of assets acquired under capital lease arrangements entered into during the year. Exclude the value of structures and equipment which you rent and periodic payments made for leased structures and equipment. (For additional information see Item 2 on page 2 of the Instructions and Definitions sheet.)

Capital Lease
Arrangements
for 2011

Mil.	Thou.
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<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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REPORTING PERIOD COVERED**a. Do the reported data cover the calendar year 2011?**

95

1 ☐ YES2 ☐ NO – Specify period covered → 3

FROM		
Month	Day	Year

TO		
Month	Day	Year

4

OWNERSHIP INFORMATION**a. Was this business in operation on December 31, 2011?**

96

1 ☐ YES2 ☐ NO – Give date operations ceased → 3

Month	Day	Year

b. Did the ownership of this business change during the year ending December 31, 2011?

97

1 ☐ YES – Specify date of change AND fill in c. below → 32 ☐ NO

Month	Day	Year

c. Name of new operator/business

Contact name at new company

Contact area code & phone number

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Number and street address

City

State

ZIP Code

REMARKS – BRIEFLY DESCRIBE THE CAPITAL EXPENDITURES

Federal Employer Identification Number – If applicable, please list the EIN of the business you are reporting for in the box provided

EIN

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CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Name of person to contact regarding this report (Please print or type)

Telephone number

Area code Number

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Printed name of person completing this report

Telephone number

Area code Number

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E-mail address

Date

Month Day Year

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Please be sure to correct any name, address, and ZIP Code errors to the imprinted address on the front of this survey form.

PLEASE RETURN YOUR COMPLETED FORM TO**U.S. Census Bureau**
1201 East 10th Street
Jeffersonville, IN 47132-0001**OR****FAX the form to**
1-800-438-8040**For more information, refer to: census.gov/econ/aces or call 1-800-528-3049.**